



**DIXIE STATE COLLEGE OF UTAH
PARAMEDIC APPLICATION**

APPLICATION FOR ADMISSION

DUE DATE: 4:00PM on June 15th

Actual date submitted: _____

A non-refundable \$25.00 application fee from the Dixie State College Cashier's Office must be attached to this application.

DIRECTIONS: Please type or print and complete ALL of the information requested. Where appropriate, all items that apply to you should be marked with an "X". Only complete applications will be accepted.

1. PERSONAL INFORMATION

Name _____
Last First Middle

Social Security # (optional) _____ Date of Birth: _____

Home Address _____
Street Address City State Zip

Telephone: Home: _____ Cell: _____ Work: _____

Email: _____

Please list the name, address and phone number of a person to be notified in case of an emergency.

Name _____

Street Address _____
Street Address City State Zip

Telephone: **Home:** _____ **Cell:** _____

Relationship to the student: _____

2. DIXIE STATE COLLEGE ADMISSION PROCESS

_____ I have completed and submitted a Dixie State College application for admission to the Admissions Office, along with previous college or university transcripts, high school transcripts, or GED test scores, and any other required documentation. **Contact the Admissions Office at (435) 652-7701 for forms and complete information.** Date completed: _____

3. PREREQUISITE COURSE COMPLETION

Applicants must receive college entry level English and Math scores, or ACT scores to reflect competency in these subjects, or completion of Math 1010 (Intermediate Algebra) and English 1010 (Introduction to Writing) with a minimum “C” grade. Prior completion of Medical Terminology (HLOC 1000) and Human Biology (BIOL 1200) are also required and applicants must receive a minimum “B-” grade, or a minimum passing score of 80% to remain eligible for acceptance into the Paramedic Program. **Contact Marci Olsen at the Counseling and Advisement Office at (435) 652-7691 for evaluation of courses, scores, and/or grades.** Sealed official transcripts must be submitted showing the scores/grades in these courses.

_____ I have completed all of the required prerequisite courses (listed above) with the specified minimum grade requirement.

_____ Sealed official transcripts are enclosed showing the scores/grades in the prerequisite courses. Please note: For current enrollment in any of the courses, instructors must provide a midterm grade with their signature. The final grade must be consistent with the outlined admission criteria before the program start date. I will provide a sealed official transcript showing the final scores/grade(s) to the department secretary by 4 p.m. on Friday, July 20, 2009.

Name of Course	Name of School (All Colleges/Universities)	City & State	Course Completion		Instructor	
			Date	Grade	Signature	Mid-Term Grade
Introduction To Writing ENGL 1010 (Grade, college-entry scores or ACT scores)						
Intermediate Algebra MATH 1010 (Grade, college-entry scores or ACT scores)						
Medical Terminology HLOC 1000						
Human Biology BIOL 1200 OR Human Anatomy/BIOL 2320 Human Anatomy Lab/ BIOL 2325						

5. CURRENT CERTIFICATION AS AN EMT BASIC/INTERMEDIATE

_____ I have current Certification as an EMT Basic or Intermediate. **Applicants must have been a Basic EMT for a period of one year before submitting this application.** If you have certification from a state other than Utah, but plan on receiving a Utah Paramedic license, you will have to obtain reciprocity from the UT Bureau of EMS. Please complete the following regarding your certification and **submit a copy** of your certification with this application:

Level: _____

Expiration Date: _____ Certification Number: _____

6. WORK EXPERIENCE

_____ I have _____ month(s) of related work experience. (Please list below **ALL** places of employment beginning with the most recent.)

A. Firm Name _____

From _____ To _____ Part Time _____ Full Time _____

Address _____
Street Address City State Zip

Supervisor _____ Reason For Leaving _____

B. Firm Name _____

From _____ To _____ Part Time _____ Full Time _____

Address _____
Street Address City State Zip

Supervisor _____ Reason For Leaving _____

7. REFERENCES

_____ I have obtained two recommendation forms. If employed with an agency, the recommendation forms should be from a Paramedic that you have worked with, a direct supervisor, or the agency medical director. If you are not employed with an agency, at least one recommendation form must be from a direct supervisor. Recommendation forms from relatives will not be accepted.

_____ I was not present when these forms were completed and sealed, nor have I seen the evaluator's comments about me. **Please submit two completed/sealed recommendation forms. (Use the attached copies and the envelopes provided.) Each evaluator should be instructed to complete the form, place it in the envelope provided, seal the envelope, sign their name over the flap of the envelope, and return the envelope to the applicant.**

8. PERSONAL LETTER

_____ I have enclosed a personal letter addressing the following information: Why you want to be a paramedic, why you feel you would be a good Paramedic, how long you have been certified in the EMS field, your perception of yourself in regards to integrity, and any other pertinent information such as medical problems, drugs, etc.

9. INTERVIEW

_____ I must complete a personal interview with members of the selection committee. The interviews will be held during the second & third weeks of July. The department secretary will contact you regarding the dates/times available. Each interview should last approximately 20 minutes, please plan accordingly.

I certify that all of the statements in this application and all of the documents submitted with this application are true and accurate to the best of my knowledge. I have carefully considered the mental and physical demands of the program and the pressure involved in undertaking responsibilities of being a full-time paramedic student. I am willing to arrange my life so I can successfully adapt to the demands of a rigorous Paramedic program.

Signature

Date

Send certified mail or deliver this application with all requested official documents/materials to:

Dixie State College of Utah
Paramedic Program
ATTN: Shanna Alger
Russell Taylor Bldg. Rm. 250
225 S. 700 E.
St. George, UT 84770

Note: Before sending this application, it is recommended that you keep copies all of the materials you are submitting.

Formal written notification of applicant status (either acceptance, alternate, or denial) will be postmarked no later than the last week of July.

If you have any questions regarding this application, please contact Ashlee Houston, the department secretary at (435) 879-4951. Thank you for your interest in the Paramedic Program at Dixie State College of Utah!